

Ministerie van Buitenlandse Zaken

Sexual and Reproductive Health and Rights

Organisation	Date	Reporting Period
Embassy of the Kingdom of the Netherlands, Addis Ababa (Ethiopia)	19 June 2015	2014

Activity		2014	Implemented by		Rio marker		Gender marker
Number	Name	Actual expenditure	Name Organisation	channel	mitigation/adaptation	significant/principal	significant/principal
24136	MDG Fund	11,295,742	Federal Ministry of Health	Government	Not applicable	Not applicable	Significant
24963	Social Marketing	4,290,249	DKT	NGO	Not applicable	Not applicable	Not applicable
23142	Support Private Health Sector (SPRING)	2,687,789	MSI-Ethiopia	NGO	Not applicable	Not applicable	Significant
25360	Strategic Plan 2013-2015	2,436,000	Family Guidance Association Ethiopia	NGO	Not applicable	Not applicable	Significant
23968	Blockgrant SRHR	73,463	EKN	Research institute and comp	Not applicable	Not applicable	Not applicable

Activity		2014	Implemented by		Rio marker		Gender marker
Number	Name	Actual expenditure	Name Organisation	channel	mitigation/adaptation	significant/principal	significant/principal
24835	CSE to young people	340,106	ICCO	NGO	Not applicable	Not applicable	Significant
23143	Strategic Plan 2012-2016	0	CORHA	NGO	Not applicable	Not applicable	Significant
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Result Area 1	Young people are better informed and are thus able to make healthier choices regarding their sexuality					
Result Question 1a: To what extent are young people better informed? What evidence is there that they are making healthier choices regarding their sexuality?	The Ministry of Education has increased their resistance against Comprehensive Sexuality Education (CSE). This resistance has resulted in the premature closure of a Dutch funded CSE project by December 2014. In December 2014 the Ethiopia Adolescent and Youth Status report was published. The report acknowledges the fact that there is still a lack of youth-friendly programmes on SRHR and youth friendly services. The youth conference was once again postponed (to January 2015). The mini-DHS 2014 did not include any indicator on youth, knowledge or on condom use.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Percentage using condoms at last high-risk sex, by gender and for age 15-19 specifically if possible (MDG indicator 6.2)	15-24 year: F : 61.6 M : 47.2 T : 54.4	15-24 year: T : 95.0 (2015)	-	-	-	DHS 2011
Percentage of young people (15-24) with comprehensive correct knowledge of HIV/aids (MDG indicator 6.3)	Age 15-19 : M: 31.8 / F: 24 Age 20-24: M: 37.4 / F: 23.6	-	-	-	-	DHS 2011

Result Question 1b (1): With which results has your programme contributed to comprehensive sexuality education for young people in and outside of school? **Result Question 1.b (2):** With which results has your programme contributed to opportunities for young people to have their voice heard and stand up for their rights?	The various programmes on CSE have performed well in 2014. The ICCO/DEC programme was able to implement the CSE programme according to planning. The programme implemented by Save the Children in Addis Ababa was forced to stop due to the fact that the programme included the topics of masturbation and LGBTI (although at a very limited scale). In 2014 the embassy in Addis Ababa provided (as part of the block grant) a starters subsidy for the new umbrella youth organization COYDOE (Consortium of Youth Development Organizations in Ethiopia). The explicit condition of the embassy was that the staff members would be younger than 29 years old - this was seen by many existing organizations as an impossible condition (Ethiopians think that youth are not able to take up such positions). Through the support of the embassy the core staff could be employed and other donors were also convinced to assist.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number (or %) of youth-friendly (health) centres	FGAE : 28 MSIE : 31 DEC : 0	FGAE : 200 (2015) MSIE : 31 (2015) DEC : 25 (2015)	FGAE : 40 MSIE : 31 DEC : 0	FGAE : 84 MSIE: 30 DEC: 8	FGAE: 52 MSIE: 23 DEC: 10	Reports of implementing partners
Number of youth (10-24) using sexual and reproductive health services by organisation supported	NA	NA	-	FGAE : 237,940	FGAE: 637,218 MSIE: 254,820	Reports of implementing partners
Number of schools that adopt comprehensive sexuality education	FGAE : 7 DEC : 0	FGAE : 300 (2015) DEC : 60 (2015)	FGAE : 10 DEC : 8	FGAE: 25 DEC: 12	FGAE: 22 DEC:23	Reports of implementing partners
Number of youth (10-24) in school & out of school reached with information on sexuality, HIV, STIs, pregnancy, contraceptives	NA	FGAE : 4,381,909 (2015)	-	FGAE : 1,335,720	FGAE: 1,352,337	Reports of implementing partners

More indicators

Assessment of results achieved by NL across the entire Result area 1	Young people are better informed and are thus able to make healthier choices regarding their sexuality
B. Results achieved as planned Reasons for results achieved:	Both FGAE and MSIE supported less youth centers, but they were able to reach a higher number of youth (both in information as in services). Organizations seem to focus and target better. Active involvement of youth (like the Young Marketeers and the Young Action Movement) is a challenge. ICCO/DEC project implemented the programme in the number of schools as planned (although they were not able to include the additional ones forwarded from 2013).
Implications for planning:	none

Result Area 2	A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health					
Result Question 2a: To what extent do more people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health?	The Government of Ethiopia continue to focus on the availability of commodities. The Ethiopia Mini Demographic Health Survey (EMDHS) 2014 showed a steep increase between 2011 and 2014 in Contraceptive Prevalence Rate (CPR) from 28.6% to 41.8%,and a decrease in Total Fertility Rate (TFR) from 4.8 to 4.1. The present estimate of the unmet need in Ethiopia is 26% -this estimate would indicate that there is very little progress in decreasing the unmet need (despite the fact that the Contraceptive Prevalence Rate (CPR) has increased drastically). Contraceptive acceptance rate (CAR) slightly increased from 59.5% in 2013 to 63.0% in 2014. The proportion of pregnant women counseled and tested for prevention of maternal to child transmission (PMTCT) of HIV increased from 54.9% to 57.0%. The percentage of HIV-positive pregnant women who received ART to prevent Maternal to Child Transmission (MTCT) of HIV has been estimated at 60.6% in 2014, with an increase from 42.9% in 2013. The 2014 EMDHS revealed the fact that there is a clear discrepancy between the standard governmental statistics (HMIS) and the special surveys (like the DHS).					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Contraceptive Prevalence Rate - modern methods- all women 15-49	18,7% (27% currently married women)	66% (2015)	-	33.3%	27.9% (40.4% currently married women)	DHS 2011 PMA 2014 mini-DHS 2014
Contraceptive Prevalence Rate - modern methods- all girls 15-19	5.2%	NA	-	-	-	
Unmet need for family planning of women 15-49 years old	25.3% urban: 15% rural 27.5%	10% (2015)	-	18.8%	-	DHS 2011 PMA 2014
Unmet need for family planning of girls 15-19 years old	32.8%	NA		-	-	

Result Question 2b (1): With which results has your programme contributed to a greater choice in and sufficient availability of contraceptives/medicines? **Result Question 2b (2):** With which results has your programme contributed to addressing sociocultural barriers preventing women from using contraceptives?	The EKN supported programme is very successful in achieving CYPs. All partners showed an (impressive) increase.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number and type of new, user-friendly products / medicines on the market for improved sexual and reproductive health	NA	NA	3	1	0	Reports of implementing partners
Number of couples protected by various contraceptives (Couple Year Protection = CYP)	DKT: 2.1m FGAE : 106,920 MSIE: 500,000	DKT: n.a. FGAE: 2.6m (2015 MSIE: 1.0m (2015)	DKT: 2.8m FGAE: 136,144 MSIE: 709,049	DKT: 1,892,659 FGAE: 222,472 MSIE: 760,055	DKT: 2,906,525 FGAE:320,022 MSIE: 782,088	Reports of implementing partners
Number of condoms distributed (DKT) - male condoms - female condoms	male: NA female: NA	male: 239,043,863 (2015) female: 147,318	male: 64,990,765 female: 250	male: 58,237,073 female: 7,085	male: 58,023,120 female: 31,619	Annual report DKT

More indicators

Assessment of results achieved by NL across the entire Result area 2	A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health
B. Results achieved as planned Reasons for results achieved:	A combination of focussing on Long Acting Reversible Contraception (LARC), increased franchise clinics and projects harvesting the fruits of the professional work / investment have provided a clear increase in results (mainly the CYP). To reach the set targets for 2015 all organizations still need another increase. Due to the influx of free condoms (through the USAID sponsored MULU project) DKT was not able to grow their sales of condoms. Keeping a stable level of sales in the present environment is already a good achievement.
Implications for planning:	none

Result Area 3	Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using					
Result Question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector improved?	In 2014, a total of 203 new HPs were constructed, making a cumulative number of 16,251 HPs. During the year, a total of 305 HPs were equipped with medical kits. According to the Service Provision Assessment (SPA) survey on the availability and functionality of health facilities carried out in 2014, the total available Health Centers were 3,335, and, out of these, 3,315 (99.4%) were functional. A total of 257 HCs were equipped with necessary materials. Similarly, according to the SPA survey, the total available public hospitals were 156, and, out of these, 150 (96.2%) were functional. Ongoing construction of 123 hospitals was reported from seven regions. In 2014 the Government of Ethiopia has focused very strong on institutional delivery (with success). Through the involvement of the Health Development Army (HDA) countrywide awareness raising took place. In certain regions home-delivery free districts were announced. The achievement of the Ethiopian government has reached 40,9% (which is still far below he target set for 2014 which was 60%). There is however a substantial discrepancy between the statistics of the FMoH and the ones from the mini DHS 2014. One justification is the fact that the DHS measures the last 5 years while the national health statistics only includes the last year. Reliability of data however remains a challenge in Ethiopia.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Antenatal care coverage of at least one visit (MDG indicator 5.5)	42.6%	90% (2015)	89.1%	97.4%	57% / 98.1%	DHS 2011 FMoH Annual Report EFY 2005 mini-DHS 2014 / FMoH Annual Report EFY 2006
Antenatal care coverage of at least four visits (MDG indicator 5.5)	19%	86% (2015)	-	-	31.6%	DHS 2011 FMoH Annual Report mini-DHS 2014
Proportion of births attended by skilled health personnel (MDG indicator 5.2)	10%	62% (2015)	20.4%	23.1%	14.5% / 40,9%	DHS 2011 FMoH Annual Report mini-DHS 2014 / FMoH Annual Report EFY 2006

Result Question 3b (1): With which results has your programme contributed to improved cooperation between public and private healthcare services? **Result Question 3.b (2):** With which results has sexual and reproductive health care including emergency obstetric care become more affordable and accessible?	Compared to 2013 (1:26,943), the number of medical doctors has improved to 1 per 20,970 population in 2014. 1,219 midwifery graduates were deployed to health facilities. The graduates took pre-deployment training to be acquainted with the actual working environment at health facilities, while 120 got mentorship in collaboration with the Midwifery Association. Out of the planned 4,676, a total of 4,409 (94.3%) graduates were deployed in the past three years. The number of MSIE clinics decreased in 2014. The reason for this decrease of facilities is that they have disfranchised some low-performing Blue Star clinics and they closed some own clinics.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of doctors, nurses and midwives per 1000 inhabitants	Doctors: 0.026 Midwives: 0.25	Doctors: 0.1 (2015) Midwives: 0.96	Doctors: 0.027 Midwives: n.a.	Doctors: 0.037 Midwives: n.a. Nurses: 0.43	Doctors: 0,047 Midwives; - Nurses: -	FMOH reports
Number of midwives/ skilled birth attendants trained	NA	NA	-	1672	1219	FMOH reports
Number of health facilities providing basic emergency obstetric care (BeMOC)	NA	NA	752	1813	-	FMOH reports
Number of MSIE clinics	31	31 (2015)	31	31	23	MSIE report

More indicators

Assessment of results achieved by NL across the entire Result area 3	Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using
B. Results achieved as planned Reasons for results achieved:	MSIE was forced to close some clinics (in order to fulfill some of the governmental criteria), and they disfranchised some clinics that were not functioning well. FGAE on the contrary expanded the franchise clinics substantialy. The MDG-PF is still a major engine to improve the public sector (through medical equipment, commodities, ambulances, etc.).
Implications for planning:	none

Result Area 4	Greater respect for the sexual and reproductive rights of people to whom these rights are denied					
Result Question 4a: To what extent have the conditions for women, young people, sexual minorities, sex workers and intravenous drug users improved with regards to their sexual and reproductive rights?	In July 2014 (during the London Girl Summit) the Ethiopian government committed to achieve the total elimination of FGM/C and Child, Early and Forced Marriage by 2025 through a strategic, multi-sectorial approach. This goal is in line with Ethiopia's objective to reach middle income country status, with the country's overall development being closely linked to greater opportunities for women and girls. The government announced to work on strong, accountable mechanisms for effective law enforcement and to increase the financial resources from the existing budget by 10%. The 2016 DHS should explicitly include strong indicators on both FGM/C and CEFM. According to the Annual performance report of the Federal Ministry of Health Safe Abortion care was given for 181,812 clients in 2014. This figure shows that the registration of abortion is still far from realistic. Through EKN funding two implementing partners (MSIE and FGAE) provided Comprehensive Abortion Care to 178,595 clients. The Government of Ethiopia was the last to withdraw the expressed reservations on the draft resolution for the ICPD in April 2014 - the reference to sexual and reproductive rights was the reason for the reservation of the Ethiopian government. There is no change in the (legal) position of LGBTI.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Percentage of women married before age 18 in 20-24 year age group	41%	0% (2025)	-	-	-	DHS 2011
Percentage of female genital mutilation in 20-24 year age group	0-14 yrs: 23% 15-19 yrs: 62% 35-39 yrs: 81%	0% (2025)	-	-	-	Central Statistics Agency (2011) Population Reference Bureau (2010)

Result Question 4b (1): With which results has your programme contributed to the identification of or changes in legal and policy barriers for the sexual and reproductive health of women, young (unmarried) people, sexual minorities, intravenous drug users and sex workers? **Result Question 4b (2):** With which results has your programme contributed to improving the access of these specific groups to sexual and reproductive health services and commodities?	In the summer of 2014 the Embassy was able to support a small (non-registered) LGBTI CBO in their outreach programme. During the months of July and August they provided health education, condoms/lube, and counselling to male sex workers. The focus of the activity was to prevent HIV/aids, but the support of the embassy also was a clear acknowledgement for the work they try to do. In 2014 various studies and identification studies took place in which the embassy was actively involved.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of implementing partners of embassy active to come up for the rights and needs of sexworkers	1	5	2	3	3	Reports of implementing partners
Number of implementing partners of embassy active to come up for the rights and needs of LGBT	1	5	2	1	2	Reports of implementing partners

Assessment of results achieved by NL across the entire Result area 4	Greater respect for the sexual and reproductive rights of people to whom these rights are denied
B. Results achieved as planned Reasons for results achieved:	It remains hard to work on rights in Ethiopia. There is growing recognition that something can be done to include key populations.
Implications for planning:	none

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Result Area 1 (remaining indicators)	Young people are better informed and are thus able to make healthier choices regarding their sexuality					
Result Question 1a: To what extent are young people better informed? What evidence is there that they are making healthier choices regarding their sexuality?						
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**

Result Question 1b (1): With which results has your programme contributed to comprehensive sexuality education for young people in and outside of school
Result Question 1b (2): With which results has your programme contributed to opportunities for young people to have their voice heard and stand up for their rights?

	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of (functioning) 'Young Marketeers'Youth Clubs (DKT)	186	200	186	192	229 (157 clubs purchased condoms)	Reports of implementing partners
Number of 'Young Action Movement' members (FGAE)	1650	10000	2455	3439	1,345	Reports of implementing partners

Back to result area 1

Result Area 2 (remaining indicators)	A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health					
Result Question 2a: To what extent do more people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health?						
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Unmet need for family planning of 20% poorest				24%	-	PMA 2014
Unmet need for family planning of 20% richest				13%	-	PMA 2014
Proportion and number of population with advanced HIV infection (according to CD4) with access to antiretroviral drugs (MDG indicator 6.5)	NA	484,966	274,708	308,860	344,344	HSDP-IV (FMoH) Annual Performance Report FMoH (EFY 2005) Annual Performance Report FMoH (EFY 2006)

Result Question 2b (1): With which results has your programme contributed to a greater choice in and sufficient availability of contraceptives/medicines? **Result Question 2b (2):** With which results has your programme contributed to addressing sociocultural barriers preventing women from using contraceptives?						
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of meetings with religious and political leaders	FGAE: 7 CORHA: 2	FGAE: - CORHA: >6	FGAE: 8 CORHA: 4	FGAE: 14 CORHA: 1	FGAE: 7 CORHA: 0	Reports of implementing partners
Number of people being treated with anti-retroviral drugs (paediatric cases + adults)	0	NA	0	FGAE: 248	FGAE: 1,990	Reports of implementing partners
Extra indicators...						

Back to result area 2

Result Area 3 (remaining indicators)	Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using					
Result Question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector improved?						
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Percentage of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission of HIV	24%	77% (2015)	25.5%	42.9%	60.6%	DHS 2011 Annual Performance Report FMoH (EFY 2005) Annual Performance Report FMoH (EFY 2006)
% of government's budget allocated to health sector	5.6%	15% (2015)	-	8.5%	-	Ethiopia's 5th National Health Accounts 2010/2011 HSDP-IV

Result Question 3b (1): With which results has your programme contributed to improved cooperation between public and private healthcare services? **Result Question 3b (2):** With which results has sexual and reproductive health care including emergency obstetric care become more affordable and accessible?						
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of Blue Star Clinics supported by MSIE	207	750 (2015)	653	599	589	MSIE report
Number of clients served in MSIE supported clinics	527,011	927,015 (2015)	732,644	1,000,713	722,040	MSIE report
Blue Star clinics quality of services score	n.a.	>85% (2015)	86%	84.3%	87%	MSIE report
Number of clinics in FGAE social franchising network	0	200 (2015)	5	57	136	FGAE report

Back to result area 3